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To:	Lawrence Crane United States Patent & Trademark Office	From:	Mark J. Cohen
Fax:	1-703-872-9306	Pages:	62 (including fax cover sheet)
Phone:		Date:	November 23, 2004
Re:	Michael P. DeNinno, et al U.S. Patent Appln. No. 10/099,620 Our Docket: 17423 (PC11066A)	CC:	

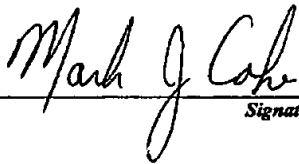
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Attached for submission to the U.S. Patent and Trademark Office are the following:

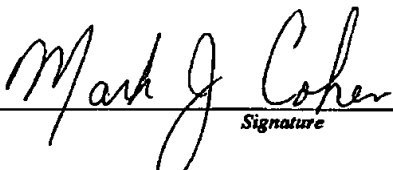
- **Certificate of Transmission by Facsimile**
- **Amendment Transmittal Letter (in duplicate)**
- **Supplemental Amendment**
- **Petition Under 37 C.F.R. §1.313(a) to Withdraw From Issue**
- **Authorization to charge deposit account 19-1013/SSMP in the amount of \$130.00 for the Petition to Withdraw from Issue.**

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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 17423 (PC11066A)									
Applicant(s): Michael P. DeNinno, et al.														
Application No. 10/099,620	Filing Date March 15, 2002	Examiner Lawrence Crane	Customer No. 23389	Group Art Unit 1623	Confirmation No. 2274									
Invention: COMPOUNDS FOR THE TREATMENT OF ISCHEMIA														
<u>COMMISSIONER FOR PATENTS:</u>														
Transmitted herewith is an amendment in the above-identified application.														
The fee has been calculated and is transmitted as shown below.														
CLAIMS AS AMENDED														
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE									
TOTAL CLAIMS	53 -	53 =	0 x	\$18.00	\$0.00									
INDEP. CLAIMS	8 -	8 =	0 x	\$88.00	\$0.00									
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00									
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00									
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 19-1013/SSMP in the amount of <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.														
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.														
 _____ <i>Signature</i>			Dated: November 23, 2004											
Mark J. Cohen Registration No. 32,211 Scully, Scott, Murphy & Presser 400 Garden City Plaza, Suite 300 Garden City, NY 11530 (516) 742-4343			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</td> </tr> <tr> <td style="width:50%; text-align: center;">_____ (Date)</td> <td style="width:50%;"></td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ Signature of Person Mailing Correspondence</td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</td> </tr> </table>				I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on		_____ (Date)		_____ Signature of Person Mailing Correspondence		_____ Typed or Printed Name of Person Mailing Correspondence	
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